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## REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

\*Total of

forms are submitted.

Application Number 10/562,522
Filing Date June 30, 2006
First Named Inventor Howard, James R., D.V.M., Ph.D
Art Unit 1618
Examiner Name not known
Attorney Docket Number 4400-053056

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I hereby revoke all previous powers of attorney given in the above-identified application.						
A Power of Attorney is submitted herewith.						
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I hereby appoint the practitioners associated with the Customer Number: 76809						
Please change the correspondence address for the above-identified application to:						
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I am the:  ✓ Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
	no K. Hours					
Name James R. Howard, D.V.M., Ph.D.						
Date 1-30-		1	elephone	100-044-0700		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						

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